

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Dr. Tom Cowan</i>						Registration Number, if PAC	
Full Name of Contributor <i>Derrick R. Clay</i>						Form (Cash, Check, etc.) <i>check</i>	
Street Address <i>7717 Early Meadows Rd.</i>						Amount	
City <i>Westerville</i>	State <i>OH</i>	Zip Code <i>43082</i>	M <i>10</i>	D <i>01</i>	Y <i>08</i>	<i>50.00</i>	
Full Name of Contributor <i>Edward B. Hogan</i>						Registration Number, if PAC	
Street Address <i>2727 Mitei Dr.</i>						Form (Cash, Check, etc.) <i>check</i>	
City <i>Columbus</i>						Amount	
State <i>OH</i>	Zip Code <i>43209</i>	M <i>10</i>	D <i>02</i>	Y <i>08</i>	<i>50.00</i>		
Full Name of Contributor <i>Michael J. Wihl</i>						Registration Number, if PAC	
Street Address <i>2325 Hagedorn Dr N</i>						Form (Cash, Check, etc.) <i>check</i>	
City <i>Columbus</i>						Amount	
State <i>OH</i>	Zip Code <i>43204</i>	M <i>10</i>	D <i>02</i>	Y <i>08</i>	<i>50.00</i>		
Full Name of Contributor <i>Edward M. Dunlap</i>						Registration Number, if PAC	
Street Address <i>202 E. Como Ave</i>						Form (Cash, Check, etc.) <i>check</i>	
City <i>Columbus</i>						Amount	
State <i>OH</i>	Zip Code <i>43202</i>	M <i>10</i>	D <i>08</i>	Y <i>08</i>	<i>25.00</i>		
Full Name of Contributor <i>Larry Price</i>						Registration Number, if PAC	
Street Address <i>1587 Franklin Park S</i>						Form (Cash, Check, etc.) <i>check</i>	
City <i>Columbus</i>						Amount	
State <i>OH</i>	Zip Code <i>43205</i>	M <i>10</i>	D <i>13</i>	Y <i>08</i>	<i>100.00</i>		
Full Name of Contributor <i>Patsy Ann Thomas</i>						Registration Number, if PAC	
Street Address <i>5089 Plum Orchard Dr</i>						Form (Cash, Check, etc.) <i>check</i>	
City <i>Columbus</i>						Amount	
State <i>OH</i>	Zip Code <i>43213</i>	M <i>10</i>	D <i>13</i>	Y <i>08</i>	<i>50.00</i>		
Full Name of Contributor <i>Contributions from Form No. 31-E*</i>						Registration Number, if PAC	
Street Address						Form (Cash, Check, etc.) <i>check</i>	
City						Amount	
State <i>OH</i>	Zip Code	M <i>10</i>	D <i>13</i>	Y <i>08</i>	<i>100.00</i>		
Full Name of Contributor						Registration Number, if PAC	
Street Address						Form (Cash, Check, etc.)	
City						Amount	
State <i>OH</i>	Zip Code	M	D	Y			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$ 425.00